

ATTACHMENT

~~CONFIDENTIAL~~
SECURITY INFORMATION

25X1A2g

0 20202

Country: India

Subject: Communist Political Activity - Missionary Medical Work -
Indian Officials

Place Acquired:

Date Acquired:

25X1A6a

Date of Info: 1948-1953

25X1X6

25X1A9a

1. Q. Do the Indians of your acquaintance take an active interest in Indian national politics? In international affairs?

A. The great majority of my Indian friends are too poverty stricken and too uneducated to take an interest in national politics. During the war years (1941-1945), they used to come to the mission to enquire for news of what was happening, but normally they are even less interested in international affairs than in national politics.
2. Q. Were the students in your mission school of an age to be interested?

A. Our school went up only to the equivalent of a US fourth grade. However, the ages of the pupils varied considerably. One Naga boy in the second grade was about 15 years old. We also operated a hostel for students not all of whom attended the mission school. Two were in the government high school in Silchar. I cannot recall that any of the students in either the school or the hostel were interested in politics.
3. Q. Were you in India at the time of the last general election? If so can you tell me anything of Communist party activity?

A. I was in India, and I know that the Communist party did very well at the polls in the neighboring states of Manipur and Tripura. On one occasion a Hindu widow in a village we were visiting permitted us to camp in her courtyard and during our stay there the Communist candidate in the area called on us twice. He was a well educated man, a BA and friendly. The widow told me that she was voting Communist because her friends told her to do so. This was my only contact with Communist political activity.

RETURN TO CIA

~~CONFIDENTIAL~~

~~CONFIDENTIAL~~
SECURITY INFORMATION

ATTACHMENT

-2-

If there is a "grass roots" Communist organization in the Silchar area, it did not come to my attention. At one time the mission had occasion to consult an Indian lawyer regarding a land transfer. He told me that his son and daughter were in college in Calcutta and both were Communistically inclined. I do not recall the name(s) of the college(s) concerned. The lawyer appeared to be distressed over this. Manipur borders on Burma where Communism is strong, and possibly the Communist influence has spread over the border.

4. Q. The Moslems make up a large minority group in your area, I believe. Is Communal friction still in evidence?
- A. The Moslem group in our area are known as Panggali. They have intermarried with Manipuri women and now are a Manipuri speaking group. Communal trouble broke out at the time of the partition. It was instigated not by local Hindus but by refugee Hindus who had been driven out of East Pakistan. The relations between the Panggali and the local Hindus are normally reasonably good and the communal tension has died down.
5. Q. Is there a difference in the attitudes of the Hindus and of the Moslems toward your mission work?
- A. Generally speaking the Moslems are more friendly; this on religious grounds. They find the names of many prophets common to both Christianity and Mohammedanism, and regard themselves as brothers in a sea of atheists.
6. Q. Do caste problems cause trouble in your school or in the hostel?
- A. In the school the children of all castes and religions play together. They eat at home and so the food question does not arise. We have one or two orthodox Hindus in the hostel. One in particular was reluctant at first to eat with non-Hindus. He overcame his scruples insofar as eating in common goes but still does not eat meat. Incidentally a number of our Hindu converts still do not eat meat not because of religious scruples but because they do not like it.
7. Q. Does your mission carry on medical work in the area?
- A. (a) The mission has carried on medical work for the lepers for many years. The leper colony was formerly in cramped quarters at Banskandi. Some two years ago [about 1951] we managed to acquire a tea estate of approximately one thousand acres, which the British owner let us have cheap, at Makunda and we have moved the leper colony there. Each of the resident lepers has his own plot of ground and hut, and they grow the major part of their own food. We have set up a 20 bed hospital for the colony but have no resident physician at Makunda at present. The mission doctor who lives in Banskandi comes over to

~~CONFIDENTIAL~~
SECURITY INFORMATION

This unclassified information for US Officials
Only is supplied for the possible interest of
you and your agency. It does not warrant disclosure
to other agencies or report. 25X1A2g

~~CONFIDENTIAL~~
SECURITY INFORMATION

ATTACHMENT

-3-

Makunda two or three times a month for a few days. During his absence the Makunda hospital is in charge of a US nurse. We intend to install a resident physician as soon as we can. We plan to set up a small laboratory in the hospital and are trying to train two Indian laboratory technicians at Banskandi. An Indian government civil physician is stationed at Makunda, and has his office practically at the gate of our estate, but he is not popular and the residents in the area flocked to the leper hospital for treatment in such numbers that we were forced to build a separate out-patient clinic to attend to their needs. This irritated the Indian doctor who made a formal complaint that the US nurse in charge at Makunda was performing the functions of an MD in the intervals between our mission doctor's visits. Eventually the matter was settled amicably.

(b) After the leper colony was moved from Banskandi, the mission set up the Burrows Memorial Hospital there. To begin with a temporary nine bed unit was established in the former dispensary of the leper colony. It was next enlarged to 15 beds and moved into a larger existing building, pending the completion of a new hospital building now under construction. I do not know what the capacity of the new building will be. The hospital has a small laboratory and has an x-ray installation especially designed for the treatment of tubercular patients.

(c) The government operates a civil hospital in Silchar. It occupies three buildings and must have a capacity of at least 50 beds. I do not know how large the staff is, nor have I any information on the equipment.

8. Q. Is either of the mission hospitals or the government hospital used for purposes of medical education?
- A. None of the three is allied with a medical school. I mentioned above that we are training two laboratory technicians. We have also inaugurated a nurses' training course in the hospital at Banskandi. None of the seven girls now taking the course has a sufficient education to qualify as a registered nurse and the class is being trained for hospital ayahs, that is nurses' helpers who assist in the care of the patients but who are not qualified to administer drugs or inoculations. The present ayahs' course lasts a year or 18 months. We plan to develop the course into a regular nurses training school graduating registered nurses.
9. Q. Do your mission hospitals have any difficulty in obtaining anti-biotics and sulfa drugs?
- A. I am not well informed on this matter. So far as I know they had no difficulty.

~~CONFIDENTIAL~~
SECURITY INFORMATION

This unevaluated information for US Officials
Only is supplied for the possible interest of
your analysts. It does not warrant dissemination by
Special Agent 25X1A2g

ATTACHMENT

-4-

10. Q. Do you know where these anti-biotics and sulfa drugs were manufactured?

A. No, I do not. The hospitals bought many of their drugs locally from a drug house in Silchar. They also bought drugs in Calcutta. Because of the lack of dispensing druggists in Indian country districts and small towns patients who obtain prescriptions from a hospital expect to get them filled at the hospital pharmacy. The pharmacy in our out-patient clinic at Makunda is regularly snowed under with work after each of the mission doctor's visits.

11. Q. What is the government doing in the way of public health work? Is the administration in the hands of the central government or of local government?

A. The government sends vaccination and inoculation teams into the villages but many of the villagers are opposed to the program. The government is also sponsoring a BCG inoculation program to combat tuberculosis. In our area this program is being administered by our mission hospital at Banskandi on behalf of the government, which supplies the serum. I assume that the public health work is carried out by the central government. Kachar is not a state but a district. I am not altogether clear on the governmental machinery but it is my impression that the district is directly administered by the central government. There is a district commissioner who is appointed by the central government.

12. Q. Did you find the Indian officials with whom you had dealings, capable and efficient?

A. (a) My own dealings with Indian officials were limited to routine alien registration with the police. An alien must renew his police registration yearly and obtain a residence permit. No special passes are required or issued for journeys within India but these must be reported in advance to the police at the place of residence, again when reaching one's temporary destination, and again on return to one's home. When leaving the country I turned my alien registration certificate and my residence permit in to the police at Silchar, who issued me a slip of paper authorizing my departure from Calcutta by such and such a ship on such and such a date. The Silchar police told me that this was all that was required in the way of formalities; that it was unnecessary for me to report to the police in Calcutta. However to be on the safe side I did report in Calcutta where the police confirmed what the Silchar police had told me. For good measure the Calcutta police stamped the Silchar slip. In my dealings with the police I found them capable and courteous. Another member of our mission from another area did not fare so well. Her local police office failed to handle her papers properly and several telegrams had to be exchanged between Calcutta and her local police office to clear the matter up.

ATTACHMENT

-5-

(b) One of the members of our mission had to see the District Commissioner on a legal matter. Unfortunately our missionary came in to town on the day that Nehru was passing through and the Commissioner was extremely busy with arrangements for Nehru's reception. Nevertheless he made time to see our representative, discussed the matter for half an hour and made a satisfactory settlement. Our representative reported the Commissioner as extremely courteous and helpful. The Commissioner is not an ex-Indian Civil Service official but a young man who entered government service after independence. He comes, I believe from the Bombay area.

13. Q. Did your mission work take you into Manipur state?

A. We had to have special permission to visit Manipur and were not permitted to engage in missionary work there. Another US missionary society has had a mission station in Manipur for many years, but permission to establish it was granted on the express stipulation that the mission's work be confined to the Naga Hills tribes people and not to be extended to the Hindu population of Manipur.

14. Q. Is the Indian government well disposed toward missionary work?

A. The government does not look kindly at evangelical work. It is more or less non-committal as regards educational work, and definitely favors medical work. Two other members of my mission left at the same time I did [May 1953]. We all applied for permission to re-enter India after our furlough. One was a registered nurse and was given the requested permission. In the cases of the other and of myself we were not refused permission to re-enter but told to re-apply when we wished to return; in other words the decision was deferred. In our two cases we were engaged partly in evangelical and partly in educational work.

-end-

This unclassified information for US Officials
Only is supplied for the possible interest of
your organization. It does not warrant dissemination by [redacted] report.

25X1A2g

~~CONFIDENTIAL~~
SECURITY INFORMATION